

Case Number:	CM15-0186468		
Date Assigned:	09/28/2015	Date of Injury:	01/08/2003
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 01-08-2003. She has reported subsequent neck, head, bilateral shoulder, back and lower extremity pain and was diagnosed with chronic cervicgia, cephalgia and lumbalgia, left upper extremity radiculopathy, discogenic low back pain of L4-L5, right lower extremity radiculopathy and status post lumbar fusion of L4-L5. Treatment to date has included oral and topical pain medication, steroid injections, surgery and physical therapy which were noted to have failed to significantly relieve the pain. Documentation shows that Fentanyl patches were prescribed since at least August 2014. In a 08-05-2015 progress note, the injured worker continued to report excruciating neck pain with paresthesias in the arms and difficulty with any rotation of the neck. The physician noted that the injured worker was taking numerous medications including Fentanyl which helped to take the edge off symptoms but that despite extensive non-operative treatment for the cervical spine, "symptoms continued to severely impair her life where she cannot sit, stand, sleep or drive a vehicle." The physician stated that a request for decompression and fusion surgery for kyphotic deformity of the cervical spine would be submitted. In a progress note dated 09-08-2015, the injured worker reported ongoing head, neck, bilateral shoulder, left upper extremity, right hand, back, bilateral buttocks and bilateral lower extremity pain that was rated as 7 out of 10. The highest pain level in prior month was rated as 10 out of 10 and lowest pain level was 5 out of 10 with average pain rated as 7 out of 10. Medications were noted to remain effective at keeping pain to a more tolerable level and to allow the injured worker to remain active, however the physician noted that medication was modified by utilization review and that

the injured worker was at risk of going into acute withdrawal due to incorrect tapering of Fentanyl patches. Relief from Fentanyl was noticeable within one hour and pain relief was documented to last 2 days. With medication, the injured worker was able to walk for 2 hours with mild pain, sit for 2 hours and stand for 20 minutes. Objective examination findings revealed significantly reduced range of motion of the lumbar spine secondary to pain, tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally and palpable spasm in the shoulder girdle, cervical spine and upper thoracic spine. Work status was documented as temporarily totally disabled. A request for authorization of Fentanyl 50 mcg per hour patch quantity 15 was submitted. As per the 09-21-2015 utilization review, the request for Fentanyl 50 mcg per hour patch quantity 15 was modified to certification of Fentanyl 50 mcg per hour patch quantity 10 to support a weaning protocol at 10% over a four week period.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fentanyl 50mcg/hr patch quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.